



Injection Drug Users

February 2008

Introduction

Since the beginning of the HIV/AIDS epidemic, injection drug use (IDU) has been a leading cause of HIV transmission. Injection drug use not only contributes to the spread of HIV through the sharing of needles, syringes and other equipment among those who inject, but also through transmission to the sexual partners and children of injection drug users.

General Statistics:

- As of December 31, 2007, 28% (N=4,817) of people living with HIV/AIDS (PLWH/A) were reported to have a history of IDU. An additional 6% (N=939) of PLWH/A were exposed to HIV through heterosexual sex with an injection drug user. Forty-nine children were born to HIV-infected mothers who injected drugs and/or had sex with an injection drug user.
- Among people diagnosed with HIV infection within the three-year period 2004 to 2006, 16% (N=402) had a history of IDU and an additional 3% (N=86) were exposed through heterosexual sex with an injection drug user.

Regional Distribution:

IDU [including men who have sex with men and inject drugs (MSM/IDU)] was the leading reported mode of exposure in the Central and Western Health Service Regions among people living with HIV/AIDS. Among people diagnosed with HIV infection within the three-year period 2004 to 2006, IDU was the leading reported mode of exposure in the Western Health Service Region.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2004 to 2006, the following have the highest proportions of infection with IDU as the reported mode of exposure (N=number with IDU or MSM/IDU as exposure mode):

• Holyoke	39%	(N=22)
• Springfield	29%	(N=58)
• New Bedford	29%	(N=16)
• Worcester	23%	(N=30)
• Chicopee	22%	(N=6)
• Framingham	22%	(N=7)
• Revere	21%	(N=5)
• Fall River	19%	(N=5)
• Haverhill	18%	(N=4)
• Lowell	18%	(N=14)

Gender:

- Of 4,817 PLWH/A who reported injecting drugs, 72% were male and 28% were female. Likewise, among people diagnosed with HIV infection within the three-year period 2004 to 2006 with IDU exposure, 72% were male and 28% were female.
- Among PLWH/A with IDU-related exposures, such as heterosexual sex with an injection drug user and being a child born to an HIV-infected mother who injected drugs or had sex with an injection drug user, females accounted for 79% and males 21% of cases. Similarly, females accounted for 69% of recent IDU-related HIV diagnoses and males 31%.
- Nationally, it is estimated that 26% of females living with HIV/AIDS at the end of 2005 (in 33 areas with confidential, name-based HIV reporting) were exposed through IDU¹, compared to 30% in Massachusetts.
- Nationally, it is estimated that 18% of males living with HIV/AIDS at the end of 2005 (in 33 areas with confidential, name-based HIV reporting) were exposed through IDU¹, compared to 25% in Massachusetts.

Note: People of undetermined risk are redistributed to an exposure category in the national estimates, but not in the Massachusetts proportions. This may make the difference between national and state proportions appear smaller than it is.

Race/Ethnicity:

- Forty percent of PLWH/A on December 31, 2007 with a history of IDU were white (non-Hispanic), 23% were black (non-Hispanic), 37% were Hispanic and 1% were of other race/ethnicities. Similarly, among people diagnosed with HIV infection within the three-year period 2004 to 2006 with a history of IDU, 41% were white (non-Hispanic), 17% were black (non-Hispanic), 41% were Hispanic and 1% were of other race/ethnicities.
- Of females living with HIV/AIDS with a history of IDU, 49% were white (non-Hispanic), compared to 36% of males and 28% were Hispanic, compared to 40% of males. Twenty-three percent of both males and females were black (non-Hispanic).

Age:

- Among persons diagnosed with HIV infection within the three-year period 2004 to 2006, those with a history of IDU were older than those with other modes of exposure. Five percent of injection drug users diagnosed with HIV infection within the three-year period 2004 to 2006 were 13–24 years old compared to 9% of people exposed to HIV through other modes.
- On December 31, 2007, 1% of PLWH/A exposed to HIV infection through IDU (or male-to-male sex and IDU) were under 30 years old, compared to 8% of PLWH/A exposed through other modes of exposure. Compared to PLWH/A who did not report a history of IDU, 13% were 30–39 years old, compared to 22%; 49% were 40–49 years old, compared to 41%; and, 36% were age 50 years or above, compared to 29%.

HIV Related Morbidity and Mortality among IDU:

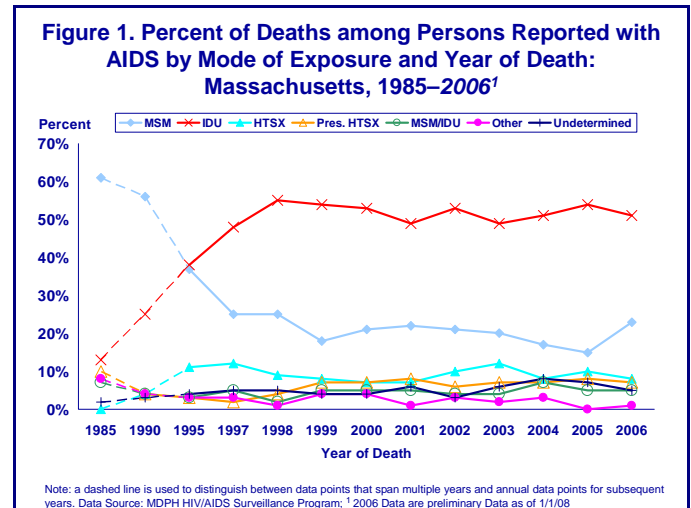
AIDS Diagnoses

- From 1997 to 2003, injection drug use accounted for the largest number of AIDS diagnoses among exposure modes. From 2004 to 2006 the number of AIDS diagnoses

attributed to male-to-male sex surpassed the number attributed to injection drug use.

Mortality with AIDS

- From 1997 to 2006, the proportion of deaths among people diagnosed with AIDS represented by those who had a history of IDU rose from 48% to 51%.



Injection Drug Use among Youth in High School²

- In 2005, 1.5% of all respondents to the Massachusetts Youth Risk Behavior Survey reported ever using a needle to inject an illegal drug.
- As in prior years, in 2005, injection drug use was more common among males (1.9%) than among females (0.8%) but did not vary substantially by grade.

Injection Drug Use among Program Participants:

Needle Exchange Participants³

- Among 4,002 participants in state-funded needle exchange programs in state fiscal year 2007, 33% reported being under age 20 years at first injection.

Substance Abuse Admissions⁴

- From state fiscal year 1998 to 2007, the percentage of admissions to state-funded substance abuse treatment programs reporting the use of a needle to inject drugs within a year of admission rose from 24% to 31%. During this time period the number of admissions reporting needle use within one year increased 20% from 27,293 in fiscal year 1998 to 32,624 in fiscal year 2007.
- From state fiscal year 1998 to 2007, the percentage of admissions to state-funded substance abuse treatment programs for heroin addiction increased from 31% to 36% of total admissions. During this time period, the number of admissions for heroin use increased by 8% from 35,315 in fiscal year 1998 to 37,989 in fiscal year 2008.
- Ninety percent of admissions to state-funded substance abuse treatment programs in fiscal year 2007 who reported needle use within the past year were unemployed, compared to 70% of admissions who did not report needle use; 30% were homeless compared to 16% of admissions who did not report needle use.

Data Sources:

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2008

¹ Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2005*. Vol. 17. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2006:[19]. Also available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

² Youth Risk Behavior Survey Data: Massachusetts Department of Education, Youth Risk Behavior Survey

³ MDPH HIV/AIDS Bureau, Prevention and Education Program

⁴ MDPH Bureau of Substance Abuse Services

Additional Reference of Interest:

Centers for Disease Control and Prevention. HIV Diagnoses Among Injection-Drug Users in States with HIV Surveillance—25 States, 1994–2000. *MMWR*. 2003;52:634–636

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For more detailed information and a description of data limitations please see "HIV/AIDS in Massachusetts: An Epidemiologic Profile," available online at www.mass.gov/dph/aids